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Medicina Democratica and the Seveso Disaster: lights and shadows of the Italian movement for environmental health in the 70's

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1. Introduction

The season of social movements activism and policy reforms that characterized the years straddling the decades of the 60's and 70's in Italy had in occupational health one of its main issues. Starting from the denunciation of hidden costs of industrial development in terms of workers illness caused by the way industrial production was organised, the struggle for occupational health extended to encompass a more broad idea of environmental health. Health issues inside factories were thus directly linked with those emerging outside, i.e. in the territory. In fact, Italy was witnessing in those years an “epidemiologic turn” (Carnevale and Baldasseroni, 1999) with the increasing statistical relevance of forms of illness directly linked to new industrial hazardous substances and new ways to organise work and, more in general, life in an industrialized society.

In this struggle -that saw mobilizing together a wide array of different social actors, like workers, unionists, physicians, intellectuals, students- the way in which health was traditionally conceptualized underwent a change. Health was no more defined as a state of absence of illness (definition in negative terms) but as good quality of life (definition in positive terms). The shift from a negative to a positive definition of health entailed two important changes in the way health issues were usually approached (Tonelli, 2007). First of all, since health was now framed as “good quality of life”, the very starting point from which setting the standards for health had to become the subjective experience of workers and citizens. As a consequence, the role of “expert knowledge” in the definition of health and illness was challenged. Second, health was no more considered a question of healing individuals affected by diseases but mostly of prevention, through modifying environmental conditions recognized as sources of harms. This implied a shift from a logic of compensation of damages (through their monetization) towards enforce structural transformations.

The Law 833, approved in 1978 and reforming the Italian health system, represents the higher accomplishment of this mobilization, with the creation of a universalistic National Health Service based on local public health services units (USL) in charge of health quality, both inside and outside factories. At the same time, the obstacles encountered in implementing the Law 833, with the following adjustments required, showed the difficulties in translating into actual practice the most innovative principles incorporated into the reform design (Berlinguer, 1991;

Luzzi, 2004). As pointed out by Barca (2006, p.18) an important role in weakening the broad reform project, in particular concerning environmental health, was played not only by “strong resilience within bureaucracy and serious fund deficit” but as well by “the dialectics of the changing conditions of the Italian economy (and power relations among social groups), and within a broader international business cycle”: more precisely, “starting from 1976-77, economic stagnation and recession posed the conditions for the insurgence of the ‘job blackmail’ as a powerful employers’ strategy to lower business costs by shifting them on labor and society”.

Besides these macro-economic and institutional factors, other, more endogenous reasons contributed to the weakening of the Italian movement for environmental health. In particular, we propose to investigate the controversial role played by the framing of the struggle for environmental health in terms of class struggle, with a central role attributed to workers, as “political avant-garde” of the movement, and to the social critique of the capitalistic system as main issue at stake. On the one hand, the link established between environmental health and class struggle made clearly visible how social inequalities produced by the capitalistic system were relevant in explaining the occurrence of diseases that was usually presented as accident, fatality or individual destiny. An interpretation of health as individual experience, yet social fact originating in the human and environmental exploitation induced by capitalistic organisation of production, has been then propitious to address structural causes accounting for health and illness. On the other hand, being this frame strongly ideological, it was confronted to unexpected resistances when trying to extend the mobilisation to other social actors beside workers and leftist intellectual elites.

In order to discuss the relevance of this endogenous limit, and the interplay with exogenous factors, in the next paragraph we start by analyzing one of the most important organised groups that emerged in the ‘70s from the mobilisation on environmental health: “Medicina Democratica”. After tracing the origins of this movement, we focus on the failure of Medicina Democratica’s effort to mobilise the victims of the dioxin contamination caused by the chemical factory ICMESA in the town of Seveso (10th of July 1976). This event was a turning point for the movement and brought activists to partially question movement’s programme and strategies. In the concluding part, we are going to highlight an issue whose importance for the mobilisation of Seveso victims went unnoticed by activists of environmental health, that is, the importance of the environment as a territory to which a community is attached. More in general, the ideological frame informing Medicina Democratica’s mobilisation in Seveso prevented activists from recognizing the importance of other ways to understand environmental problems, in particular in terms of problems touching proximity relations, and the need for composing this pluralism in a shared and consensual approach to environmental health.

2. Medicina Democratica and the “struggle for health” in the Italian social mobilizations of the 60’s and 70’s

Medicina Democratica-Movimento di Lotta per la Salute (Democratic Medicine-Movement of Struggle for Health) is a movement that started to take shape at the end of the ‘60’s on the initiative of physicians (mainly interested in prevention), scientific researchers, and auto-organised groups of industrial workers straggling for making publicly visible and denouncing the problem of industrial diseases.

This mix of social and political activism with scientific research was not unusual at that time in Italian social movements, quite the contrary. The merging of expert and “subjective” forms of knowledge, challenging traditional divides in the production of scientific expertise, was one of the main traits of the Italian social movements of the 60’s and 70’s. As pointed out by Luisa Passerini (1998, p.6), these movements had in common the critique of “the barriers existing between different disciplines, the specialism and the scientific authority as basis for defining what should be considered as knowledge, the disequilibria of power between different subjects of knowledge”.

In the field of work-related health issues, researchers, technicians and workers started to join forces in auto-organised groups engaged inside factories in defining innovative tools for investigating health impacts of production processes. This new way to produce scientific knowledge was based on two main principles: 1) “consensual validation”, implying the necessity to directly involve workers in the design of the research tools aimed at addressing health issue and in the interpretation of the results; 2) “non-delegation” of health issues to experts, but direct participation of workers in defining problems as well as solutions, consequently involving the need for information but as well for training activities, so that workers could acquire expert skills. A “worker subjectivity” was accordingly affirmed: “On the scientific plan, the worker is no more just an object of research, but he/she is the subject, the protagonist. His/her views, opinions (...) are not irrelevant evaluations to be included in the anamnesis, but scientific data to be confronted with other kinds of data collected through different methodologies” (Berlinguer 1969).

The direct participation of workers in the production of knowledge concerning their work conditions went with the refusal of the usual way to internalize work-related health damages, i.e. through giving them a price. Underlying was a critique of the neutrality of scientific and technical arguments, that brought to challenge as well the way production processes were organised: the objectivity and neutrality of scientific organisation of work was denounced as inherently biased by a logic of workers exploitation. Health damages linked to work activities were no more seen as inevitable side-effects, but as products of technical choices that could have been different (Cavagna 1988).

The idea of federating in a common movement the many experiences of auto-organised groups of workers, technicians and scientists mobilised for denouncing work-related illness was prompted by one of the most active groups, organised inside the Montedison chemical factory of Castellanza, in the region of Lombardy.

The group of Castellanza had two distinctive traits, accounting for its role of promoter of a larger coalition. On the one hand, this group was actively involved in endorsing the application of the participative methodology of “homogenous groups” (of workers of the same production line, of citizens of the same neighbourhood, of students of the same school, etc.) to investigate health issues not only inside factories but as well outside, in the territory. This implied to promote the auto-organisation of citizens and to have them involved in the production of knowledge concerning environmental health. A link was clearly established between the factory and its territory, addressing the problem of environmental externalities of industrial production. Workers struggle for health inside factories was seen as the “political avant-garde” of a larger mobilisation.

On the other hand, the group was supported in developing new methodologies of investigation, inside and outside factories, by professor Giulio A. Maccacaro, director of the Institute of Biometry and Medical Statistics of the University of Milan, who first introduced in Italy epidemiological studies. Giulio A. Maccacaro¹ was not only a renowned scientist but as well one of the prominent leftist intellectual figures politically engaged in a radical critique of the role of science, in particular medical science, in producing and re-producing forms of social exclusion, oppression, marginalization and control. Together with Franco Basaglia², Maccacaro was a key-figure in promoting a new understanding of medical science and expert knowledge as embodying power relations. In this sense, a certain kind of “official” medical science was seen as an instrument for reproducing inequalities. At the same time, the power of science could be turned into a “liberation instrument” aimed at fighting inequalities and promoting a more just society. Quoting Maccacaro (1979, p.20): “Science can be a multiplier factor of the establishment, or a liberation instrument. A certain form of science has always been an expression of the political and economic power. At present, science is the cornerstone of power, and of power men live and die. To deal with science has always meant to work in favour or against mankind and everyone at present is reached by science to become more free or more oppressed”.

1 Giulio Alfredo Maccacaro (1924-1977) was physician, biologist and biometric specialist. After specialization in UK and USA, in 1966 he became professor of medical statistics and biometry in the faculty of medicine of the university of Milan.

2 Franco Basaglia (1924 -1980) was a psychiatrist and leading figure in the movement that brought to the reform of the Italian mental health system, with the law 180/78. The principal goals of Law 180/78 included the abolition of asylums and the creation of decentralised community services of preventing mental illness and treating and rehabilitating mental patients, promoting comprehensive treatment beyond hospitalization logics. For an analysis of the Italian mental health system reform see de Leonardis (1988).

In order to promote the debate on science as power mechanism reproducing social inequalities, Maccacaro launched in 1974, together with the journalist Giovanni Cesareo, the publication of the monthly journal *Sapere*. The journal was meant as an open forum for scientists, activists and ordinary people to discuss critically, in their link with social and political issues, existing scientific methodologies, new methodologies, case studies, and new theoretical approaches to science. At the same time, Maccacaro invested himself in the project of *Medicina Democratica* as a way to give coherence and visibility to many dispersed practices of “politicizing medical science”, having in common the critique of “objective rationality” in deciding about life and labour. Objective rationality was unmasked as a capitalistic rationality of profit and power maximisation. These various and spontaneous initiatives were showing in their practice how a different rationality could be supported by a different kind of scientific knowledge and a new way of experts involvement in society. This new way of experts involvement implied for them to be aware of social assumptions and social impacts of the methodologies they were applying. Opening the first national congress of *Medicina Democratica*, held in Bologna the 15-16 of May 1976, Maccacaro presented the movement as a “participatory movement”, meant to empower “spontaneous groups” created inside factories and outside -in the territory, in schools, hospitals, other institutions-, that were asking for an active role for citizens in producing knowledge on health-related issues, asserting the legitimacy of the subjective point of view of citizens in the definition of well-being.

These premises were specified by Maccacaro in a programme of action detailed in ten points (Maccacaro, 1977), that can be summarized in two main guidelines. First, the reform of the existing health system and practices in order to take into account and address the social nature of health, through improving prevention and promoting the territorialisation of health services. This implied as well to build political alliances for promoting *Medicina Democratica*’s objectives as part of a broader agenda of social reforms addressing the need to fight all forms of social inequalities and exclusion. The direct contribution of *Medicina Democratica* to the design of the health national system reform drawn by Law 833/1978 was, in this respect, a successful example of dialogue between political institutions and social movements.

The second point stressed by Maccacaro was the need for direct participation of citizens in the organisation of health services, included the legitimacy of forms of auto-organisation of health and social services. Initiatives led by workers inside factories and by feminists in the territory (with the creation of women health centres) were presented as examples of innovative practice of participation and auto-organisation.

As pointed out by Bignami (1988, pp.218-219), Maccacaro’s programmatic text set an ambitious agenda for *Medicina Democratica*: the struggle for environmental health was seen as an opportunity to compose a wide variety of social mobilisations addressing inequalities, usually thought as having separated agendas. Maccacaro clearly foresaw the unifying potential

of environmental health issues and the political need to work at connecting mobilisations on health issues inside factories and in the territory (Castellina, 1988). At the same time, Maccacaro was aware of the obstacles this project had to overcome in order to succeed. In particular, he pointed out three main “enemies of participation”: authority, efficiency, paternalism.

Maccacaro seemed instead to overlook the difficulties implied in transposing from factories to the outside an approach to environmental health that was embedded in a specific political culture largely shared by workers inside factories. The possibility to extend to the generality of environmental health issues the approaches (both in scientific and political terms) developed for occupational health was assumed as non problematic. Besides, the frame of class struggle stayed as a central reference in shaping justifications for political engagement in health issues: “There is a political primacy of collective health as a central moment in the class struggle, based on real participation, able to encompass in their genuine expression (...) the multiple subjectivities of the social basis” (Maccacaro, 1977, p.33).

In July 1976, less than two months after its official birth, Medicina Democratica was confronted to a decisive “test” for the political and, more generally, cultural feasibility of its ambitious programme: the Seveso disaster, a dioxin contamination touching a densely populated area north of Milan, caused by an accident at the chemical factory ICMESA, owned by the Swiss pharmaceutical multinational company Roche. This test was going to show the strength of the “enemies of participation”, as well as unexpected difficulties in engaging citizens in the struggle for environmental health.

Immediately understanding the social and political relevance of the accident, Maccacaro denounced the disaster as a “capitalistic crime” in a passionate and harsh editorial published in *Sapere* (Maccacaro, 1976). This editorial was his last written text, since Maccacaro died of a heart attack the 15th of January 1977. The sudden death of Maccacaro and the difficulties Medicina Democratica was confronted to in mobilizing Seveso disaster victims marked a decisive step forward towards the end of the “golden age” of the Italian movement for environmental health³, showing both exogenous and endogenous obstacles to the achievement of the movement main objectives.

3. The test of the Seveso disaster

Seveso is a town of 20.000 inhabitants located north of Milan, the regional capital of Lombardy, in the area known as Brianza Milanese. The Brianza is a sub-region with a strong catholic cultural tradition and a district economic organisation (Bagnasco 1977), specialized in the

³ On the “golden age” of environmental health movement in Italy see Barca (2006).

manufacture and design of furniture. After World War Two, chemical industries began to install their plants in this area, given the rich water resources and good infrastructures.

The accident causing the Seveso disaster occurred in the chemical plant of the ICMESA company (located in the adjoining town of Meda), owned by Givaudan, a subsidiary of the Swiss multinational Roche. On Saturday July 10th, 1976, at around 12:30 a.m., the ICMESA trichlorophenol reactor released a toxic cloud of dioxin and other pollutants due to a sudden exothermic reaction that caused a failure of the safety valve. Various poisons were dispersed by wind to settle on buildings and backyards in the towns of Meda, Cesano Maderno, Desio, and the most heavily afflicted, Seveso.

As the Parliamentary Commission on the Seveso Disaster (1978) documented, the accident can be directly traced to Roche making inadequate safety investments in ICMESA plant. This negligence is made more serious when one realizes that the health risks of trichlorophenol were well known from previous industrial accidents. These risks revolve around the chemical produced in the process of synthesizing trichlorophenol: dioxin.

In 1976, the extremely harmful effects of dioxin on human health were predicted largely on the basis of toxicological evidence. Epidemiological studies on dioxin were still scarce and limited to tracking cohorts of industrial workers (all adult males) accidentally exposed to high concentrations of dioxin (Zedda, 1976). A large-scale dioxin contamination affecting an entire population was without precedent: confronted to the Seveso scenario, scientists were unable to anticipate the damages (on the environment, animals, men, women, children, and human foetuses) and unable to identify procedures for decontamination. There were no instruments yet available for measuring dioxin levels in human blood (Mocarelli 2001). As a result, there was a “radical uncertainty” (Callon *et al.* 2001) in the consequences of dioxin contamination on human health and the environment, and in their duration in space and in time.

The frightening scenario didn't take shape immediately after the accident. The toxic cloud passed by largely unnoticed, considered by inhabitants of Seveso and Meda as a typical nuisance (in a long series), though one that was perhaps a bit more annoying because of its nasty smell. Givaudan engineers reassured local authorities that everything was under control (Rocca 1980): the rest of production work continued normally in the ICMESA plant. A “week of silence” passed (Fratter 2006). In the meantime, strange events were taking place in the area near ICMESA: sudden falling of leaves; death of small animals such as birds and cats; a skin disease that affected children (chloracne). Anxiety grew in the population and Roche's efforts failed to avoid a “desectorialisation of the crisis” (Dobry 1986) on technical to political fronts. On July 19 -- nine days after the spill -- Roche experts informed Italian authorities that the accident at the ICMESA plant had caused widespread dioxin contamination. Evacuation of part of Seveso's and Meda's population was highly recommended.

The evacuation began on July 24: 736 inhabitants of Seveso and Meda were forced to leave their houses and all their personal belongings. 200 people never returned to their houses that were eventually demolished during clean-up operations. “Risk zones” were created, based on the estimated trajectory of the toxic cloud and random tests of dioxin concentration in the ground, but also based on practical feasibility, so that toxic boundaries turned out to be oddly rectilinear.⁴ Given the suspected teratogenic effects of dioxin, pregnant women of the contaminated area (within the third month of pregnancy) were given “free choice” to ask for a medical abortion, even if abortion was still considered a crime in Italy. In fact, the Italian movement for decriminalizing abortion was at its peak.⁵ In an emotionally-packed atmosphere, about thirty women from the contaminated area decided to voluntarily interrupt their pregnancies (Ferrara 1977).

The Lombardy regional authorities management of the dioxin crisis was marked by bureaucracy and technical dependency (Conti 1977). The usual arguments of authority, efficiency and paternalism were all invoked in order to justify the measures taken by regional authorities and the exclusion of citizens’ participation in the decision-making process. The affected population was considered by public authorities unable to deal with the exceptional nature of the event: scientific and technical expertise was affirmed as the only legitimate knowledge for deciding measures meant to protect citizens, otherwise unable to choose for the better (Centemeri, 2006a, p. 126-127).

Committees of experts were created on the initiatives of public authorities and asked to supply solutions with respect to health risk, decontamination, and socio-economic problems. Each committee was required to give its advice unanimously so that the only thing the Regional Council had to do was to approve them. No discussion involving the affected citizens on alternative technical choices was allowed, not inside the Regional Council, not outside. Decisions of a true political nature were therefore taken inside the technical-expert committees, meaning that these were not just advisory committees but non-democratic decision-making bodies. Likewise, an ad-hoc technical body was created (The Seveso Special Bureau) in order to implement the measures decided by expert committees. The crisis management was far from democratic transparency, offering no opportunities for inputs from citizens, even if the decisions taken strongly affected not only their everyday life but as well the future of their territory and of them as a community (Centemeri 2006a, pp. 87-96).

As for dioxin uncertain consequences on human beings and the environment, a “laboratory approach” (Callon *et al.*, 2001) informed scientists intervention. Citizens were not involved in

4 Zone A (108 hectares, 736 inhabitants) was evacuated; Zone B (269 hectares, 4,600 inhabitants) was not evacuated but inhabitants forced to follow strict rules of conduct (including “abstention from procreation”); Zone of Respect (1,430 hectares, 31,800 inhabitants) no one evacuated but inhabitants forced to follow some precautionary rules of conduct.

5 Only in 1978 with Law 194, were voluntary pregnancy terminations legally admitted.

the design of the epidemiological studies and the focus was put on contaminated individuals, without taking into account the territory and its long history of chronic pollution. Franco Basaglia thus commented the non neutrality of this choice of scientific approach in an article published in the newspaper *Il Tempo* (6/9/1976): “It is not by chance that the interventions planned in Seveso for the following of dioxin effects are based on individual health and not ecological health. Taking into account the relation existing between ecology and medicine, between human beings and their environment, would have call for a scientific revolutionary approach to the dioxin problem”.

In the meantime, the Swiss multinational Roche, always claiming for itself no direct responsibility in the disaster, was nevertheless offering technical support to regional authorities for the clean-up operations, turning from polluter to “rescuer”. Besides, Roche provided new jobs to the ICMESA workers, unemployed because of the closedown of the factory. Trade unions, whose presence was quite fragile in the factories of the contaminated area, were thus silenced. As for the other affected parties, Roche settled privately the compensations for the damages caused by the ICMESA accident. Out-of-court settlements were reached with the Italian State, the Lombardy Region, the municipalities touched by the contamination and with citizens having suffered certified material losses or proven health damages. Therefore, the issue of compensation was dealt with in terms of individualization and monetization of the damage, with no public discussion concerning the criteria adopted to compensate. Equally absent from the scene was the problem represented by the uncertain long-term health effects to be expected as consequence of the contamination.

To summarize, in the management of the dioxin crisis, public authorities – in the same way as the multinational Roche- seemed mainly concerned with limiting the damage dioxin contamination could caused them, in terms of loss of legitimacy, than with fully understanding the gravity of the contamination effects. Both actors actively worked in order to individualize the damage and to put it under the category of the exceptional. The contamination was then presented by public authorities as a “state of exception”, in which expert knowledge was assumed as the only legitimate knowledge in decision-making, suspending as a matter of fact democratic decision-making procedures (Conti, 1977; Centemeri, 2006a). The link Medicina Democratica was engaged in denouncing between a certain kind of science and a certain kind of power was well exemplified in the management of the dioxin crisis.

In fact, given the scientific uncertainty surrounding dioxin, it was clear to Seveso citizens that most decisions taken could not rely on much objectivity. Scientific controversies about dioxin hazards were widely discussed in the media. Nevertheless, public authorities insisted that decision criteria were purely scientific and technical. This convinced the public that the dioxin contamination was the case for political manipulation. But Medicina Democratica’s denunciation of public authorities attempts to conceal costs of capitalistic exploitation

manipulating expert knowledge was not the only critical interpretation that emerged in the following of the disaster. Allowing abortions despite uncertainties about the risk to foetuses was denounced by the radical Catholic group “Comunione e Liberazione” (CL)⁶ as evidence of a different kind of political manipulation that was taking place in Seveso. Public authorities and leftist movements were considered by catholic activists equally responsible in exploiting Seveso citizens “tragedy” in order to support the need for legalizing abortion, regardless of the human costs thus imposed on disaster victims.

Abortion became gradually the central issue in the public debate on the Seveso disaster, so that more general environmental health concerns, in particular the history of chronic pollution that the ICMESA accident was bringing to light, slipped into the background. The dioxin catastrophe became a question of “allowing women to abort or not,” and not about the human and environmental costs of industrialisation (Conti 1977, pp.73-75). This shifting of the debate, from health to abortion, marked the defeat of the Medicina Democratica’s effort to mobilize disaster victims and to denounce the alliance of science and power in hiding the human and environmental costs of industrialization. In the next paragraph we are going to analyze how this shift occurred.

4. Anatomy of a failure

Following the ICMESA accident and the dioxin emergency, Medicina Democratica along with left-wing political parties, tried to organize a mobilisation of the disaster victims. For Medicina Democratica activists what was happening in Seveso was not an “accident”, but a “crime”, one of the many crimes perpetrated by a logic of “private profit”, regardless of the social costs imposed on human and environmental health. The “novelty” of Seveso was just quantitative: the ICMESA accident was considered not “a pathological episode occurring in the system” but an evidence of “the pathological nature of the system itself, with respect to human freedom, human needs and human survival” (Martini, 1976, p.152).

According to this interpretation, the Seveso tragedy called for enlarging and radicalizing the critique addressed to capitalistic system, since it was now clear that not just workers but the environment and, through the environment, ordinary citizens were paying hidden costs for the benefit of a profit that was largely privatized and unequally redistributed. These hidden costs had to be brought to public visibility, hence the need for a “bottom up control” on science and technology: “To fight this legalised robbery of health and life, justified in name of the needs of

6 “Comunione e Liberazione” is a catholic movement born in Italy in the 1950’s and particularly active in Lombardy. One of its distinguishing traits is the development of “opere,” or social services made available through voluntary organizations. Relations between CL and the State have always been rather conflictual. In the opinion of CL, the State cannot and should not to take part in society’s organisation: “in order for the Christian spirit to develop, the State must limit its presence in people lives” (Abruzzese, 1991, p. 171). The very same idea of Welfare State is then the object of critique.

capitalistic production, objectified by an enslaved science, we need (...) a new way of doing science and technology, based on the subjective experience of workers and citizens” (Maccacaro 1976, p.6).

The way regional authorities were dealing with the dioxin crisis in Seveso, suspending democratic participation in the crisis management, was denounced by Maccacaro and Medicina Democratica’s activists as biased by a logic “objectifying” citizens, the same logic objectifying workers inside factories: “People affected by dioxin in Seveso and in the other municipalities are prevented by public authorities from participating in the production of a true knowledge of the problems they are confronted to. They are prevented from deciding about their destiny and the destiny of their territory. They have been objectified, systematically and violently” (Maccacaro, 1976, p.6).

This analysis of the Seveso disaster was translated by Medicina Democratica into specific actions organised in the territory. A “Scientific Technical Popular Committee” (STPC) was created, bringing together scientists (among them Maccacaro), workers, lawyers, journalists, students, feminists. The STPC addressed the Seveso disaster consequences as a problem of public health, larger than the dioxin contamination and touching the entire region of Lombardy, heavily industrialized and polluted. The Committee was meant to control and to critical examine the measures taken by regional authorities in response to the crisis. The main guidelines of the STPC were stated in an official document produced by the group as follows : “1) inform affected citizens on health issues; 2) producing scientific expertise on dioxin health effects through participative methodologies, directly involving citizens; 3) critical analysis of the scientific evidence produced by public authorities so to prevent them to conceal evidence of public or private responsibilities; 4) promoting a mobilisation in order to have citizens involved in addressing the problem of decontamination and ask for the creation of new territorial health services auto-organised by citizens and workers”.

Victims participation was crucial in order to guarantee the success of the struggle led by the STPC. This struggle was first of all oriented to a full disclosure of the damages caused by the ICMESA accident, of their gravity and irreversibility. Given the radical uncertainty of dioxin effects, and their long-term nature, STPC supported in name of prevention and precaution the plausibility of the worst scenario case, so to avoid that uncertainty could be turned into a justification for minimizing the damage. Equally important for STPC activists was the denunciation of a state of chronic contamination in the region, and not just in Seveso. Dioxin was just the “peak of the iceberg”.

However, victims participation appeared since the beginning to be quite small. The fact was that the way Medicina Democratica was using the crisis, as an opportunity to denounce human and environmental costs of capitalistic exploitation, forced Seveso people to exist in the public space as victims of an irreparable damage, touching them as persons as well as the territory they

were living in. In this respect, Medicina Democratica activists were as incapable as public authorities in comprehending what Seveso people seemed to consider to be the priority in responding to the dioxin crisis: preserving the possibility to keep on living in their territory. Neither public authorities nor Medicina Democratica activists, given their interpretative frames, were able to account for this dimension of “attachment” (Thévenot 2006) to territory and community.

Appealing to the scientific uncertainty of dioxin risk, that weakened the strength both of public authorities paternalistic measures and of Medicina Democratica’s denunciations, there emerged a grassroots mobilization of catholic background having in the “Parish Assistance Bureau” a structure of coordination. This mobilization asked public authorities to consider not only the seriousness of health risks but that of the community to disappear as well. Yet no arenas to publicly discuss and mediate these issues were opened by public authorities, causing intense grassroots protest (Centemeri, 2006a, pp.108-119).

In this protest a central role was progressively assumed by activists of the radical catholic movement *Comunione e Liberazione*. For CL, the disaster was not a crime but a “test” for the Seveso community. The harm done by dioxin was thus seen as damage to a community, and the starting point for a critique not of capitalistic system but of a political rationality denying importance to communitarian bonds and values. Starting from an opposite ideological frame as the one informing Medicina Democratica actions, CL activists were nevertheless asking for something similar, i.e. that public authorities recognized the community right to be actively part of the response to the dioxin crisis: “In Seveso, it is not just a question to solve problems. We are confronted to persons affected by these problems, who are experiencing these problems on their own bodies, who know about origin, consequences and possible solutions. There is a subject here, a reality of a community attached to a place and it is not possible to overlook this fact, and reduce a community to a ‘risk group’, objectified by public assistance”⁷.

In actual fact, CL activists together with the other volunteers of the Parish Assistance Bureau auto-organised social services mainly for supporting families harmed by the disaster, and tried to maintain communitarian cohesion, in particular taking care of children. As for the scientific controversy surrounding dioxin effects, the uncertainty on future dioxin damages was mainly explored by catholic activists in order to find evidence of the possibility to recover a normal life in Seveso.

The strong ideological oppositions between the two mobilised groups prevented them from joining forces in order to reach what was at the end a common goal: to have Seveso population involved by public authorities in the crisis management, in producing knowledge about the risks they were exposed, in deciding about their future and the future of their territory.

7 Editorial published in *Solidarietà*, n.1, newsletter of the Parish Assistance Bureau in Seveso.

Public authorities authoritarian way to deal with the crisis heavily contributed to the escalation of the ideological conflict opposing the leftist and the catholic mobilisations. Given the lack of a participatory arena in which public institutions, movements and citizens could work together in deciding about how to respond to the crisis, the mobilization turned into an ideological conflict, in which the mobilized actors fought mainly to impose their own interpretation of the crisis for the benefit of their respective political goals. Movements mobilized in Seveso seemed to be more concerned with convincing victims to line up, choosing one side or the other, than to work at composing the conflicting stances at stake in the recovering from the disaster situation.

The catholic “communitarian” interpretation of the dioxin crisis prompted by CL, seen exclusively as an effort to downsize disaster damages and public responsibilities, was denounced by Medicina Democratica activists as “political naivety”, and as evidence of how dominant structures of power were able to manipulate people in order to hide the costs of capitalistic exploitation. CL activists reacted to this critique denouncing how leftist mobilisation was in its turn manipulating citizens and exploiting their suffering, regardless of what they really cared for. The case of therapeutic abortions were brought by CL activists as evidence of the political violence against Seveso people, exercised both by public authorities and leftist activists. The Catholic mobilisation strongly promoted the centrality of the abortion issue in Seveso, in order to unmask what was considered as the hidden agenda of the leftist mobilization: to legalize abortion. This caused the public debate on dioxin effects to be monopolised by the debate on legalizing or not abortion. In the escalation of the ideological conflict on abortion, environmental health issues were marginalized and the divide grew between the mobilised groups, and the large majority of the affected population.

5. The Seveso’s lesson: limits of Medicina Democratica’s approach to environmental health problems

The mobilisation in Seveso, and its failure, was certainly a rude awakening for Medicina Democratica. Quoting Giorgio Bignami, a scientist and Medicina Democratica’s activist, the “collapse” of the movement mobilisation in Seveso “besides causing discouragement among activists and weakening their actions, was the signal that workers and political forces, together with dismayed and intimidated citizens, are not against a certain ‘model of development’, even when confronted to its extremes consequences” (Bignami, 1988, p.226).

Only partially following this diagnosis, it is nevertheless true that the dioxin crisis showed the existence both of exogenous and endogenous obstacles to the extension of the struggle for environmental health, from inside factories to outside. Concerning exogenous factors, the management of the Seveso disaster was an evidence of the commitment of Italian public authorities to support industrialisation, almost at any cost. Framing the disaster as an exceptional unpredictable accident, public authorities denied its nature of “normal accident”

(Perrow, 1984), thus avoiding to address the need for reforms in environmental policies and for strengthening regulation of industrial activities⁸. Public authorities appeared almost powerless in the negotiation with Roche, having to rely on the benevolence of the Swiss multination for technical knowledge and economic support in dealing with the crisis. This was the litmus test of the existence of a structural disequilibrium in favour of industrial interests⁹.

This structural disequilibrium should not prevent us to address the role played in Medicina Democratica's defeat by endogenous obstacles. In fact, the "test" of Seveso showed the difficulties to transpose outside factories the model of participatory production of knowledge developed inside industrial plants. The main problem encountered in Seveso was the difficulties of Medicina Democratica to involve the affected citizens in a participatory effort of knowledge production about health and environmental effects of dioxin.

In fact, inside factories, workers and scientists were largely sharing the same political culture and they were used to a certain type of collective action: the true challenge inside factories was the construction of a common language and practice between scientists, technicians and workers, in order to transform "bodily experienced knowledge" (Barca, 2006, p. 3) into scientific and technical knowledge.

Outside, in the contaminated territory of Seveso, the issue at stake was not only environmental health but as well the environment *per se*. What the conflicts concerning the interpretation of the disaster and its effects showed was the existence of a pluralism of ways to define environmental problems as collective issues (Thévenot *et al.*, 2000). In particular, Medicina Democratica's activists were unprepared to address the issues raised if we consider the environment as a territory to which a community is attached. The legitimate demand of dioxin victims to take into account the importance for them to preserve the possibility to live in their contaminated land was considered by public authorities and leftist activists as either a form of irrationality or of political blindness. Both positions were thus disqualifying victims point of view, without trying to translate it into guidelines orienting the measures to be taken. This demand was not recognised by public authorities and leftist movements as a legitimate expression of a local common interest.

More precisely, the ideological frame informing the action of Medicina Democratica prevented the movement from addressing and integrating in the struggle for environmental health the dimension of the community attached to its territory and the importance of proximity relations. Seveso crisis showed how the extension of the struggle for environmental health outside factories was confronting the movement with a new political challenge: integrating into political

8 For a critical analysis of Italian environmental policies after Seveso see Reich (1984). For the influence of Seveso disaster on EU policies on industrial risk see De Marchi (1997).

9 The origin of this disequilibrium can be traced back to the rapid and de-regulated "economic boom" of the '50-'60. See Ginsborg (1989).

mobilization issues defined as such in the sphere of proximity relations (Thévenot, 2006, pp. 173-184). On the contrary, the forms of action promoted by Medicina Democratica were defined according to general and detached goals of class struggle, regardless of the personal and local concerns that the disaster raised, included the concern for the survival of the affected population as a community.

Activists seemed more engaged in educating victims, so to help them understand the political truth of what they were confronted to, than in understanding what victims were experiencing.¹⁰

The centrality of the ideological frame of class struggle in Medicina Democratica action turned into being an obstacle to understand the political relevance of proximity relations, as a sphere of social experience and political action, in particular when dealing with environmental problems touching a specific territory. Community claims were seen by activists exclusively as an obstacle to the understanding of the true issue at stake (hidden costs of industrialization) and to the visibility of class inequalities. Medicina Democratica didn't consider those claims as expression of a form of subjectivity in need of political integration inside the frame of a common struggle for environmental health. The problem was clearly pointed out in an article published in *Sapere*: "If leftist movements want to confront the reality of the problem of socializing knowledge in a population struck by a catastrophe, then they can not ignore the role played by communitarian forms of aggregation in creating participation or in hampering it. This is a different approach to participation, which openly deals with the need to include the variety of social forces that are active in the territory" (De Luca, Romano and Rozzi, 1976, p.84).

Given the rigidity of Medicina Democratica's ideological approach to the disaster, and the paternalism of public authorities, no forms of mediation or "compromise" (Boltanski and Thévenot, 1991, p. 337-347) between local and general stakes were possible. Upstream, there was a lack of recognition of the legitimacy of Seveso citizens' demand. This lack of recognition, both from public authorities and leftist movements, can be seen as a powerful drive towards the radical turn of the grassroots mobilisation¹¹.

No "uneasy alchemy" (Allen, 2003) took place in Seveso between citizens, activists and scientists, thus preventing from mixing personal, local and general interests in a shared construction of a "strong objectivity" (Harding, 1991) about dioxin contamination. The defeat of the movement for environmental health in Seveso confronted activists with the need for a more localized approach to the construction of environmental health as a collective problem, taking local concerns and, more in general proximity relations, as a relevant dimension when

10 This is true in particular if we consider the case of pregnant women of the contaminated area who found their personal suffering suddenly exposed, both by leftist and catholic activists, to the violent light of the ideological conflict on abortion.

11 On the importance of identity and recognition in political mobilisation see Pizzorno (1993). See as well Honneth (1996).

promoting political action and participation. This lesson deeply influenced a part of the rising Italian environmental movement, which, during the '80s and '90s, developed new repertoires of political action and mobilisation meant to articulate local and subjective experiences with general collective goals, taking seriously into account the need to involve in environmental struggles the communities living in the territory (della Porta and Diani, 2004; Centemeri 2006b). In this new scenario of mobilisations, Medicina Democratica has remained as the main actor in denouncing hidden costs of industrialisation, as shown by the long (and successful) struggle led by this movement for the ban of asbestos (Morena, 2001; Michelino and Trollio, 2005). Through guaranteeing support and coordination to local initiatives on environmental health, inside and outside factories, and through developing and diffusing critical expertise, Medicina Democratica is today as yesterday engaged in denouncing structural inequalities in the distribution of health costs of economic development. Still, the involvement of the local communities and the composition in a common goal of the conflictual stances expressed by the territory stay, today as yesterday, as the main political challenges to address.¹²

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¹² Only to cite one of the many Italian cases of difficult and controversial struggle for environmental health see the case of the chemical pollution in the city of Manfredonia (Barca 2006, pp.24ss.).

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